

Troy Infusion Center
600 W Main Street
Suite 120
Troy, OH 45373
Phone: 937-401-6620
Fax: 937-401-6629



Washington Township Infusion Center
1989 Miamisburg-Centerville Road
Suite 101
Dayton, OH, 45459
Phone: 937-401-6620
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Central Line Care Order Form
Epic Referral: REF115235

Patient Name: _____ **DOB:** _____

Address: _____

Phone: _____ **ICD-10 Diagnosis:** _____

Rx:

Maintain central line per protocol including the following as applicable:

- PICC/Midline care per protocol
- Port care per protocol including 5 mL heparin flush (100 units/mL)
- Cathflo 2 mg intercatheter instilled into each lumen of port/PICC prn per protocol for occluded lines (no cathflo for midlines)
- 0.9% NaCl flushes per protocol

Frequency:

weekly monthly Other _____

Duration:

6 months 1 year Other _____

Pull PICC/Midline when therapy is completed

Other Orders/Comments: _____

Labs: _____

Lab Frequency: _____

Prescriber Printed Name: _____

Prescriber Full Address: _____

Office Phone Number: _____ **Office Fax Number:** _____

Prescriber Signature: _____ **Date:** _____